			Tarayrara ay		DATE	T	
DELINEATION OF PRIVILEGES - PODIATRY For use of this form, see AR 40-68; the proponent agency is OTSG (DA Form 5504A-R Must be Completed and Attached to this Form)			REQUESTED B	Y	DATE		
PRIVILEGES			RECOMMENDATIONS BY DEPT./SVS. CHIEF				
Assignment of clinical privileges will be based on education, training, and demonstrated competence. Check category of privilege requested.			APPROVED WITHOUT LIMITATION	APPROVED REQUIRES QUAL. SUPRV.	APPROVED WITH MODIFI- CATIONS	NOT APPROVED	
Category I. Treat routine conditions of the foot and works under the supervision of a privileged podiatrist who assumes full responsibility of the provider's acts.							
Category II. Category I - Examine, diagnose, and treat conditions of the feet requiring skills acquired during post-residency specialty training. Consultations should be used when there is doubt concerning the diagnosis or when there is evidence of systemic disease, as first manifested by pedal symptoms.							
Category III. Categories I and II. Board certified or eligible. Prevention, diagnosis and treatment of complications involving the foot, arising from various systemic diseases, as well as the palliative and corrective treatment of local foot pathology.							
AREAS OF FOOT PATHOLOGY (Check Category I, II, or III for Privileges Performed.)							
a. General Practice							
b. Fo	oot Surgery						
(1	(1) Common Surgical Procedures on Forefoot						
(2	?) *Complex Reco	nstructive Surgery					
c. Podiatric Dermatology							
d. Foot Orthopedics							
e. Podopediatrics							
f. Podogeriatrics							
g. X-Ray Services (Interpretation)							
h. Ot	ther (Specify)						
EXCEPTIONS (Recommended by Department Chief)							

^{*}Requires supervision by a qualified orthopedic surgeon.